



REPORT COVERING:

G JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

G JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

FOR OFFICE USE
ONLY
Postmark Date: _____1. Name: OLANDE, Jr. Alfred A.
Last First MI2. Business Address: 400 Poydras St. New Orleans, LA 70130
Street and No. City State ZipMailing Address: SAME3. Business Phone: 504-587-1440
Area Code and Telephone Number4. Employer: Reasonover + OLANDE, LLC5. Employer's address: 400 Poydras Street New Orleans, LA 70130
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30?

Yes ☐No ☒

From July 1 through December 31?

Yes ☐No ☒NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?

Yes ☐No ☒

From July 1 through December 31?

Yes ☐No ☒NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Firefighter's Retirement System
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ 2,940.18
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 2,940.18
- 2) a. Name of Retirement System: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Retirement System: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



Signature of Filer